

HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2-10-20

20 JAN 31 P5:26

2019 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2019)
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

MURAKAMI, JAYLEN

LOBBYIST FIRM/EMPLOYER (if applicable)

HAWAII PUBLIC HEALTH INSTITUTE

TELEPHONE

808-591-6508

MAILING ADDRESS (No. and Street or P.O. Box)

850 RICHARDS STREET, SUITE 201

FAX

N/A

EMAIL

JAYLEN@HIPHI.ORG

(City)

HONOLULU

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

HAWAII PUBLIC HEALTH INSTITUTE

TELEPHONE

808-591-6508

MAILING ADDRESS (No. and Street or P.O. Box)

850 RICHARDS STREET, SUITE 201

FAX

N/A

EMAIL

CONTACT@HIPHI.ORG

(City)

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(State)

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(Zip Code)

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PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount \$46.00	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	\$46.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a


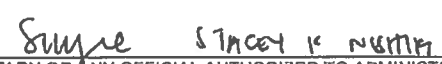
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

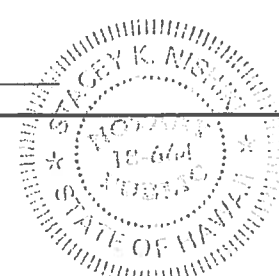
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)

1. Reso 19-243 (2019)	Outcome: Passed	4.	Outcome:
2. Reso 19-242 (2019)	Outcome: Passed	5.	Outcome:
3. Reso 19-204 (2019)	Outcome: Passed	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/30/2020 DATE	Subscribed and sworn to before me This 30 th day of JANUARY, 2020. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 11/25/22
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HAWAII ALL-PURPOSE ACKNOWLEDGMENT

H.R.S 502-41(6)

State of Hawaii

County of HONOLULU

} ss.

On this 30th day of JAN, 2020, in the FIRST Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

before me personally appeared JAYLEN MUKERAMI (,) (and
Name of Signer 1

W/H (,) to me personally known or proved
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is are subscribed to this instrument, who, being by me duly sworn or affirmed, did say
that such person(s) executed the foregoing instrument identified or described as
2019 ANNUAL REPORT as the free act and deed of such person(s),
Type of Document

and if applicable, in the capacity shown having been duly authorized to execute such instrument
in such capacity. The foregoing instrument is dated JAN 30 2020 and
Date of Document

contained 2 pages at the time of this acknowledgment/certification.
No. of Pages



STACEY K. NUMA

Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires: 11/25/22

Stacey K. Numa

Signature of Notary Public

Place Notary Seal or Stamp Above